

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Art Unit:

2838

Hisashi Tsukamoto et al.

Examiner: Edward H. Tso

Serial No:

10/718,927

Filed:

November 19, 2003

For:

IMPLANTABLE MEDICAL POWER

MODULE

CERTIFICATE OF MAILING VIA FIRST CLASS MAIL (37 CFR 1.8)

Dated: February 15, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as first class mail under 37 CFR 1.8 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 1. Transmittal Letter
- 2. Fee Transmittal Letter (in duplicate)
- 3. Amendment and Request for Reconsideration
- 4. Self addressed stamped postcard

February 15, 2005

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



TRANSMITTAL FORM (to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/718,927
Filing Date	November 19, 2003
First Named Inventor	Hisashi Tsukamoto et al.
Group Art Unit	2838
Examiner Name	Edward Tso
Attorney Docket Number	Q147-US2

ENCLOSURES (check all that apply)					
x Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group			
x Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences			
X Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition to Covert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request	Request for Refund				
Information Disclosure Statement	CD, Number of CD(s)				
	Remarks				
Certified Copy of Priority Document(s)					
Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
Customer Number or Bar Code Label 31815 (Insert Customer No. or Attach bar code label here)					
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.					
Respectfully submitted,					
Dated: 2/15/2005					
Phone: (818) 833-2014	By:				
Fax: (818) 833-2065	Attorneys for Applicant(s P.O. Box 923127)			
	Sylmar, CA 91392-3127				
CERTIFICATE OF MAILING					

CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:					
Typed or printed name	TRAVIS DODD				
Signature			Date		

OIPE VI AND ALLERY

FEE TRANSMITTAL

-	ē.	
	Attorney Docket No.	Q147-US2
	First Named Inventor:	Hisashi Tsukamoto et al.
	Application Number	10/718,927
	Filing Date:	November 19, 2003
	Examiner Name:	Edward H. Tso
Ì	Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	\$ 000.00
METHOD OF PAYMENT (check One)	1. X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2 Payment Enclosed: Check Money Order Other – Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	xx	\$ 300.00	\$150.00	\$.00
Total Claims	30 - 70 =	0	X \$ 50.00	X \$ 25.00	\$.00
Independent Claims	4 - 7 =	0	X \$ 200.00	X \$ 100.00	\$.00
Multiple Dependent Clai	m(s) (if applicable)		\$ 360.00	\$180.00	\$.00
Total of above Calculations =				\$.00	

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
Total of above Calculations =			\$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
		TOTAL	\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)		42,491
Signature		Date	2/15/20	005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

TSUKAMOTO et al.

Examiner:

Edward H. Tso

Serial No.:

10/718,927

Art Unit:

2838

Filed: November 19, 2003

For:

IMPLANTABLE MEDICAL

POWER MODULE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

This communication is in response to the Office Action mailed October 20, 2004.